



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: METHODIST HOSPITALS INC. (GARY)

City of Hospital: Gary and Merrillville Indiana

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Linda Milenkovski

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Medicare Provider Number: 150002

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$643600721
Outpatient Patient Service Revenue	\$633565799
Total Gross Patient Service Revenue	\$1277166520

2. Deductions From Revenue

Contractual Allowance	\$891657242
Other Deductions	\$36134979
Total Deductions	\$927792221

3. Total Operating Revenue

Net Patient Service Revenue	\$349374299
Other Operating Revenue	\$4528683
Total Operating Revenue	\$353902982

4. Operating Expenses

Salaries and Wages	\$152262550	Employee Benefits	\$37537676
Depreciation and Amortization	\$18895867	Interest Expense	\$3429469
Bad Debt	\$20384296	Other Expenses	\$134627408
Total Operating Expenses	\$367137266		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-13006885	Total Assets	\$365849877
Net Non-operating Gains over Loss	\$18320383	Total Liabilities	\$0

Total Net Gains	\$5313498
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$621327557	\$511298553	\$110029004
Medicaid	\$324194171	\$255649276	\$68544895
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$331644792	\$160844393	\$170800399
Total	\$1277166520	\$927792222	\$349374298

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$24000	\$24000	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$361388	\$0	\$361388
Hospital Patients	\$0	\$0	\$0
Community Education	\$67909	\$0	\$67909

Number of Medical Professionals Trained	73
Number of Hospital Patients Educated	3011
Number of Citizens Exposed to Health Education Messages	3523

Statement Six: Charity Statement

Hospital Charity Charges	\$36884344
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$23798297	
HCI Payments	\$0		
Subtotal	\$0	\$23798297	\$-23798297
Medicaid Shortfalls	\$89148443	\$64072144	
Subtotal	\$89148443	\$87870441	\$1278002
DSH Payments	\$38,395,879		
Subtotal	\$127544322	\$87870441	\$39673881
Medicare Shortfalls	\$0	\$29657470	
Other Government Programs	\$0	\$11065046	
Total	\$127544322	\$128592957	\$-1048635

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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